

# Weight Management Treatment Algorithm

## A Quick Reference Guide For Primary Care

(See [www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement) or [www.hse.ie](http://www.hse.ie) for additional online resources)

If patient agrees to engage proceed to assessment or arrange next appointment. The exercise & food diary could be given at this stage.

([www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement))

### Raising the issue

- "I haven't checked your weight & height in a while. I can check it today as part of your check up? "
- "Do you think your weight (or general lifestyle) may be contributing to your back pain/fertility problem/ arthritis/reflux/diabetes/BP?"

If patient is not keen to engage do not push the issue but offer to revisit it at a later date.

### Initial assessment

- BMI 18.5 – 25.0 reassure and advise re ongoing self-monitoring. (If BMI < 18.5 consider appropriate referral)
- BMI 25.0 – 40.0
  - Assess readiness to change
  - Assess patient's expectation & agree realistic target weight loss of 5 – 10% over 6 months.
- Show patient the category they are in on BMI chart ([www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement)).
- Advise of benefits of 10% weight loss
- Advise patient to keep a food & exercise diary for 4 days ([www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement))
- BMI > 40 proceed with above and arrange referral to hospital based weight management service. ([www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement))

### Benefits of a 10% loss in presenting body weight

- 37% reduction in cancer deaths
- 20% reduction in all cause mortality,
- 40% reduction in diabetes related mortality
- 10mmHg reduction in systolic BP
- Improved lipid profile
- Improved fertility
- Improved mood & self-confidence

“Stress that “obesity” is a clinical term with health implications, rather than a question of how one looks.”

### Relevant History

- Medical history – relevant co-morbidities: diabetes, cardiovascular disease, cancer, operative history, PCOS, GORD, sleep apnoea, sub fertility, back pain, osteoarthritis, depression, medications & family history.
- Weight history (onset & progression of weight gain, peak weight)
- Dieting history (previous attempts, what diets, what worked, lowest weight achieved, reason for regaining weight)
- Physical activity history: objectify time spent (minutes per week); walk/cycle including transport to work (walk, cycle Vs car), leisure exercise (swim, golf, walk dog, etc.)
- Physical inactivity history: objectify time spent (minutes per week); watching TV & computer, in car, prolonged sedentary periods.
- Food intake i.e. home cooked/processed/take away, high carbohydrates/fats/sugar/salt, portion sizes, snacks, alcohol, supermarket habits – multipacks of bars/crisps etc.
- Psychological history – history of depression, anxiety or eating disorders. (See [www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement) for screening tools)

## Physical Activity (P.A.) Guidelines

[www.getirelandactive.ie](http://www.getirelandactive.ie)

Suggest starting with **small, regular, planned** bouts of P.A. (10 minutes or less). Build to target time over months.

### Weight maintenance

- Suggest 30 – 60 minutes moderate intensity P.A. between 5 to 7 days a week (> 150 mins per week)
- 60 minutes of moderate or 30 minutes of vigorous activity per day
- This can be broken up into smaller cumulative blocks (e.g. 15 mins x 5, 25 mins x 3, 35 mins x 2)

### To lose weight

- Suggest 60 – 75 minutes of moderate intensity P.A. per day between 5 to 7 days a week (> 250 mins per week)

**BMI > 40 Grade III**  
- Severe Obesity  
- High Risk  
- Specialist Referral Indicated

**BMI > 30 Obese or Very Obese**  
- Combination of Diet, physical activity, psychology + or - pharmacotherapy

**BMI > 25-30 with co-morbidities**  
- Advise patient re health risks  
- Highlight need for lifestyle change to revert to a healthy weight

**BMI > 25 patient overweight or obese**  
- Assess readiness to change and proceed

Calculate BMI regularly and advise patient accordingly

BMI < 18.5 Refer if appropriate	BMI 18.5 – 25 <b>Healthy Weight</b>	BMI 25 – 30 <b>Overweight</b>	BMI 25 – 30 + Co-morbidities <b>Overweight</b>	BMI 30 – 35 <b>Grade I Obesity</b>	BMI 35 – 40 <b>Grade II Very Obese</b>	BMI > 40 <b>Grade III Severe Obesity</b>
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## SOUTH ASIAN POPULATION REFERENCE POINTS

<b>Underweight</b> (<18.5 kgs/m <sup>2</sup> )	<b>Healthy weight</b> (18.5 - 22.9 kgs/m <sup>2</sup> )	<b>Over-weight</b> (23.0 - 24.9 kgs/m <sup>2</sup> )	<b>Obese</b> (25.0 - 34.9 kgs/m <sup>2</sup> )	<b>Very Obese</b> (> 35 kgs/m <sup>2</sup> )
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Source: Deurenberg P, YAP N, Van Staveran WA: Body Mass Index and % body fat: a meta analysis among different ethnic groups. *International Journal Obes Relat Metab Disord* 22:1164-1171. 1998

World Health Organisation: WHO Recommendations: Obesity: Preventing and Managing the Global Epidemic. Geneva. WHO, 2000. (Tech, no 894)

“Stress that consistent weight loss of 0.5 -1kg (1-2lbs) per week will result in reaching the target weight of 10% weight loss.”

## Subsequent visits / referral options

- Recheck BMI and assess trend
- Assess the food & exercise diary - identify & agree areas for improvement ([www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement)). Reset target.
- Explore any contributing factors i.e. medical & social, family & environmental factors.
- Consider referral to a Dietitian, Physiotherapist/Physical Activity Specialist or Psychologist. Referrals where possible should be within the Primary Care Team/Network to maximize multidisciplinary management.
- Refer to the GP Exercise Referral Programme/Green Prescription, if available in your area, or advise re regular, planned exercise. Emphasise self-monitoring of time involved (minutes per week). Use Physical Activity Diary. ([www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement))
- Reweigh & explain that weight loss may be slow (or absent) in initial weeks but persistence will achieve results. Explore reasons for lack of weight loss.
- Consider referral to commercial, self-help & community organisations e.g. Weight Watchers & Unislim, as well as the online resource [www.safefood.eu/weigh2live](http://www.safefood.eu/weigh2live) all of which are evidence based.
- Agree regular follow up – ideally every 4 weeks.
- Once 10% weight loss is achieved encourage weight maintenance for 6 months
- Consider other options e.g. pharmacotherapy (see box), bariatric surgery (hospital referral for BMI >40) ([www.icgp.ie/weightmanagement](http://www.icgp.ie/weightmanagement))

## Pharmacotherapy

Only one agent is currently licensed for the treatment of obesity – Orlistat. It is hoped that other agents will become available soon.

### Orlistat

- Prescribe only as part of an overall plan for managing obesity in adults who have:
  - BMI of 28.0 kg/m<sup>2</sup> or more with associated risk factors,
  - Or
  - BMI of 30.0 kg/m<sup>2</sup> or more.
- Continue treatment for longer than 3 months only if the person has lost at least 5% of their initial body weight since starting drug treatment (less strict with type 2 diabetics).
- Continue for longer than 12 months (usually for weight maintenance) only after discussing potential benefits and limitations with the patient.

## Contraceptive renewal

- Advise patient that oestrogen containing contraceptives are not advised with BMI > 39 due to increased CV & thromboembolic risk.
- For BMI 30 – 39 advise patient of importance of weight loss, both for reduced cardiovascular risk and improved fertility.
- Consider alternatives & record.